

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>2/22/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>45</i>	<i>2/25</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>70622</i>	<i>3-3-99</i>

INDEX OF CLAIMS

☐ Rejected N
☐ Allowed I
☐ (Through numeral) Canceled A
☐ Restricted O

☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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